

Amended Statement Cover

We have been asked by Margaret Lara in Financial Systems and Services at NAIC to file an Amended Statement. The reason given was that the electronical filing did not contain the Actuarial Opinion Report, Management Discussion and Analysis, Risked Based Capital Report or Supplemental Risk Interrogatories. We thought we had filed the RBC electronically. The Supplemental Risk Interrogatories were marked None in our softway. We will unmark them as NONE, and fill the amounts in as zero.

ANNUAL STATEMENT

For the Year Ending December 31, 2002

OF THE CONDITION AND AFFAIRS OF THE

QCA Health Plan, Inc.

NAIC Group Code0000,0000NAIC Company Code95448Employer's ID Number71-0794605

(Current Period)

(Prior Period)

Organized under the Laws ofArkansas,State of Domicile or Port of EntryArkansas

Country of DomicileUnited States of America

Licensed as business type:Life, Accident & Health[]Property/Casualty[]Hospital, Medical & Dental Service or Indemnity[]Dental Service Corporation[]Vision Service Corporation[]Health Maintenance Organization[X]Other[]Is HMO Federally Qualified? Yes[] No[X]

Date Incorporated or Organized04/08/1996Date Commenced Business07/31/1996

Statutory Home Office10800 Financial Centre Parkway, Suite 540, Little Rock, AR 72211

(Street and Number)

(City, or Town, State and Zip Code)

Main Administrative Office10800 Financial Centre Parkway, Suite 540

(Street and Number)

Little Rock, AR 72211(501)228-7111

(City or Town, State and Zip Code)

(Area Code) (Telephone Number)

Mail Address10800 Financial Centre Parkway, Suite 540, Little Rock, AR 72211

(Street and Number or P.O. Box)

(City, or Town, State and Zip Code)

Primary Location of Books and Records10800 Financial Centre Parkway, Suite 540

(Street and Number)

Little Rock, AR 72211(501)228-7111

(City, or Town, State and Zip Code)

(Area Code) (Telephone Number)

Internet Website Addresswww.qcark.com

Statement ContactRandall Crow(501)228-7111-5109

(Name)

(Area Code)(Telephone Number)(Extension)

rcrow@qcark.com(501)228-0135

(E-Mail Address)

(Fax Number)

Policyowner Relations ContactTerri James (address same as above)

(Street and Number)

Little Rock, AR 72211(501)228-0135

(City, or Town, State and Zip Code)

(Area Code) (Telephone Number)(Extension)

OFFICERS

President Francis Lee Browning

Treasurer Michael Edward Stock #

VICE PRESIDENTS

Michael Edward Stock #

Roy Perry Lamm #

David Ellis Seal

Roger Keeney Howe M.D.,MMM #

Joni Self Daniels

Richard Thomas Halinski Jr. J.D. #

DIRECTORS OR TRUSTEES

Francis Lee Browning

Richard Allen Pierson

Barbara Garner Williams RN, PhD

Buford Joseph Suffridge DDS,MS,PA

Dean Michael Hosmer

Stephanie Gayle Smith

Douglas Derald Goetz #

Joyce Allen Wroten

Joseph Maurice Elser M.D.

Joseph Patrick Searcy

State ofArkansas

County ofPulaski ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manuals except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature)

Francis Lee Browning

(Printed Name)

President

(Signature)

(Printed Name)

Secretary

(Signature)

Michael Edward Stock

(Printed Name)

Treasurer

Subscribed and sworn to before me this

day of, 2003

a. Is this an original filing?

b. If no,1. State the amendment number

2. Date filed

3. Number of pages attached

Yes[] No[X]

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(Notary Public Signature)

